

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/523102

FILING DATE
3/10/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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49		/				
50		/				
TOTAL IND.	12					
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		/						
52		/						
53		/						
54	/							
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97								
98								
99								
100								
TOTAL IND.	3							
TOTAL DEP.								
TOTAL CLAIMS								